

**- Lincoln County-
Office of Emergency Management**

~ PEOPLE WITH SPECIAL NEEDS/DISABILITIES REGISTRY ~

- 1) Do you need assistance in the event evacuation is necessary? _____
- 2) First Name _____ Middle Initial _____
- 3) Last Name _____
- 4) Street Address _____
- 5) Town/City _____ Zip Code _____
- 6) Telephone# _____ Cell Phone# _____
- 7) Male _____ Female _____ Marital Status _____
- 8) Do you have pets? _____ If YES, what type(s) _____
- 9) How many pets? _____ Do you have carriers for every pet? _____
- 10) If others are evacuating with you, how many _____

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Individuals needing assistance during evacuation and sheltering because of physical or mental challenges, or one who requires a level of care and resources beyond the basic first aid level of care that is available in shelters for the general public.

- 11) Do you have special medical needs? _____, are you on oxygen? _____
- 12) Are you confined to bed? _____
- 13) Do you require electricity for any medical equipment you currently use? _____

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***What category describes your special needs/disabilities?
Circle the level (1 through 5) that best describes your needs.***

- Level 1.** A person dependent on others or in need of others for routine care (eating, walking, toileting, etc.). Children under 18 without adult supervision, etc.
- Level 2.** A person who is blind, hearing impaired, or has an amputation.
Do you use a service animal ? _____
- Level 3.** A person needing assistance with medical care administration, monitoring by a nurse, dependent on equipment, assistance with medications, mental health disorders.
- Level 4.** A person requiring extensive medical oversight (i.e., IV medication, chemotherapy, ventilator, dialysis, life support equipment, hospital bed and total care, or is morbidly obese).
- Level 5.** A person requiring equipment or devices, such as: wheelchair, walker, cane or motorized cart.

In case of an emergency, please list next of kin, or person(s) we can contact concerning your well-being. Please list two, one being Out of Town/State contact.

Emergency Contact Data:

10. Last Name _____, First Name _____
Relationship _____
Address _____
Town/City/State _____
Telephone # _____ Cell phone# _____

Last Name _____, First Name _____
Relationship _____
Address _____
Town/City/State _____
Telephone # _____ Cell phone# _____

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Signature of Registrant _____

Name of Registrant _____

Date _____

Revised _____

Please return this two page registration form to:

**Lincoln County Office of Emergency Management
P.O. Box 249
Wiscasset, ME 04578**